

SECTION B - PROJECT INFORMATION

PART I

PROJECT IDENTIFICATION

PROJECT NAME			
SITE ADDRESS			
CITY			
COUNTY			
ZIP CODE			
TOTAL PROJECT COST			
PRIMARY CONTACT		E-MAIL	
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE #		FAX #	

PART II

CHIEF ELECTED OFFICIAL OF POLITICAL JURISDICTION IN WHICH PROJECT IS LOCATED

NAME			
MAILING ADDRESS			
CITY, STATE, ZIP CODE			
TELEPHONE #		FAX #	

PART III

PROVIDE A SHORT PROJECT DESCRIPTION. LIST ALL KEY COMPONENTS.

PART IV

LEGAL DESCRIPTION OF THE PROPERTY

of Acres

ATTACH MAPS THAT SHOW THE SITE LOCATION AND THE SURROUNDING AREA.

PART V

SITE CONTROL STATUS (Check one)

<input type="checkbox"/>	Owned		
<input type="checkbox"/>	Optioned		Expiration Date
<input type="checkbox"/>	Leased		Expiration Date
<input type="checkbox"/>	Other (Explain)		

PROVIDE A COPY OF PROOF OF OWNERSHIP, OPTION, PURCHASE CONTRACT, OR LONG-TERM LEASE AGREEMENT.

PART VI

ZONING STATUS (Please provide letter of proof of zoning status, and identify any relevant zoning ordinances and restrictive covenants.)

PART VII

UTILITIES

Are utilities available and of the appropriate size for the site?

☐ YES*

☐ NO**

*If yes, attach letter of verification from independent source.

**If no, provide an explanation on the line below, including dates when adequate facilities will be available.

PART VIII

PROJECT CLASSIFICATION, TYPE, ACTIVITY AND ANTICIPATED FUNDING SOURCES:

Classification (mark one)

Single Family (1-4 units)

☐

Multi-Family (5 or more units)

☐

Type of Project (mark all that apply)

Rental

☐

Homeownership

☐

Rental Assistance

☐

Group Home/Shelter

☐

Other (specify)

☐

Project Activity (mark all that apply)

New Construction

☐

*Acquisition (see below)

☐

Rehabilitation

☐

Tenant Based Rental Assistance

☐

Administration

☐

Homebuyer Assistance

☐

Infrastructure

☐

Community Revitalization

☐

Other (specify)

☐

Funding Sources (mark all to which you are applying)

(Refer to each program 's guidelines to assure activity(s) marked above is eligible for proposed funding source)

Montana Department of Commerce:

Community Development Block Grant (CDBG)

☐

Board of Housing (BOH)

Low Income Housing Tax Credit Program

☐

Multifamily Risk Sharing Program

☐

Multifamily General Obligation Program

☐

Single Family Set-A-Side Program

☐

Home Investment Partnerships Program (HOME)

☐

USDA Rural Development (RD):

Housing Preservation Grants

☐

Rural Rental Housing 515 Program

☐

Sec. 538 - Guaranteed Rural Rental Housing Program

☐

Community Facilities Loan and Grant Programs

☐

If your project is acquisition, are any persons currently living on the site?

☐ YES

☐ NO

If your project is an acquisition, will the proposed project activity result in a change in use of existing housing units?

☐ YES

☐ NO

If you answered "yes" to either of the questions above, do you have an Antidisplacement and Relocation Assistance Plan?

☐ YES

☐ NO

PART IX

TYPE OF UNITS

Single Family Homes

Apartments

Single Room Occupancy (SRO) Units

Other (specify) _____

Other (specify) _____

OF UNITS

TOTAL UNITS

PART X

PROJECT USES

--

TOTAL NUMBER OF BUILDINGS

Square Footage

of Units

LOW INCOME UNITS

MARKET UNITS

COMMERCIAL SPACE

COMMON SPACE (Mgr Unit)

COMMON SPACE (Other)

TOTAL

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Low Income Percentage

Percentage = (low income units / (low income units + market units + commercial space))

PART XI

PROJECT BENEFICIARIES

UNITS WILL SERVE 0% -30% OF THE AREA MEDIAN INCOME

UNITS WILL SERVE 31% -50% OF THE AREA MEDIAN INCOME

UNITS WILL SERVE 51% -60% OF THE AREA MEDIAN INCOME

UNITS WILL SERVE 61% -80% OF THE AREA MEDIAN INCOME

UNITS WILL SERVE 81% -100% OF THE AREA MEDIAN INCOME

UNITS WILL SERVE MARKET RATE INCOME

TOTAL # OF UNITS

PART XII

TARGETING OF UNITS/NUMBER OF UNITS

(Specify number of units for each applicable category)

Exceeding Fair Housing Standards

Elderly

Disabled

Other _____

Other _____

Units Meeting Section 504 Accessibility Standards (required minimum for federally assisted housing)

PART XIII

LOW-INCOME COMPLIANCE PERIOD

This project will remain low-income with the occupancy described above for: _____ years

Will the project have tenant-based or project-based rental assistance?

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YES*

--

NO

*If yes, provide details as outlined in instructions:

PART XIV
IMPLEMENTATION SCHEDULE

	Anticipated Completion (month / year)	Actual Completion (month / year)
Financing		
Construction Loan Commitment	_____	_____
Construction Loan Closing	_____	_____
Low Income Housing Tax Credits	_____	_____
Grant Commitments (list each grant separately)	_____	_____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
Permanent Loan Commitment	_____	_____
Permanent Loan Closing	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Project Start-up		
Site Acquisition	_____	_____
Zoning	_____	_____
Infrastructure Available	_____	_____
Environmental Review	_____	_____
Advertise Architect / Engineer / Project Administrator	_____	_____
Design Completion	_____	_____
Advertise for Construction Bids	_____	_____
Construction Bid Award	_____	_____
Building Permits	_____	_____
Marketing	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Project Activities		
Pre-Construction Conference	_____	_____
Issue Notice to Proceed	_____	_____
Begin Construction	_____	_____
Complete Construction	_____	_____
Final Inspection / Issue Certificate of Occupancy	_____	_____
Audit	_____	_____
Marketing	_____	_____
Prequalification Activities	_____	_____
Homebuyer Workshops	_____	_____
Rehabilitation	_____	_____
Rent-up	_____	_____
Closeout	_____	_____
Other _____	_____	_____
Other _____	_____	_____